COUNTY OF SAN DIEGO
DEPARTMENT OF PLANNING AND LAND USE: Zoning
CONDITION SATISFACTION APPLICATION
INITIAL SUBMITTAL FORM

Case Numbers	DPLU	DEH	PARKS
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
DEPARTMENT USE ONLY	_____ + DPLU	_____ + DEH	_____ + PARKS/OTHER _____ = TOTAL

Project Name:_____

Project Number(s):_____

Project Address & Nearest Cross Street_____

Assessor's Parcel No_____

Financial Responsibility: Owner ☐ Applicant ☐   **Project Contact:**   Owner ☐ Applicant ☐

Owner Name_____ Phone (____) _____

Address_____

City_____ State_____ Zip_____

Owner's E-mail Address _____ Owner's Fax Number (____) _____

Applicant Name_____ Phone (____) _____
(If different from owner.)

Address_____

City_____ State_____ Zip_____

Applicant's E-Mail Address_____

The following are required attachments to the Condition Satisfaction Application:

☐   A complete copy of the Resolution of Approval/Form of Decision with the proposed condition(s) highlighted.

☐   **If the proposed condition(s) have not been highlighted, the submittal cannot be accepted.**

☐   Evidence of compliance with Condition *(Please refer to the condition(s) language for specific evidence that will be required in order to satisfy the condition(s).*

☐   List the Condition Numbers _____

Customer Comments:_____

_____

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

_____   _____
Signature of owner or Authorized Agent. If Agent signs, attach Letter of Authorization   *Date*

_____
Print or type Signator's Name

FOR QUESTIONS CONTACT PERMIT COMPLIANCE COORDINATOR,   (858) 694-3011

Kiva Project Number: _____

Is this a FEE Account?   **YES** ☐   **NO** ☐   **If yes, attach copy of receipt to this application**

Is This a Deposit Account?   **YES** ☐   **NO** ☐   **If yes, KIVA ACCOUNT #** _____

Technician Comments: _____ _____

_____

_____

_____

*T*echnician Name   *Date*